PTO/SB/17 (10-08)
Approved for use through 09/30/2010, OMB 0551-0032
U.S. Palent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the F	apenvork Reduction Act of	1995, no person are	required to	respond to a collecti				3 control numb	
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known					
FEE TRANSMITTAL For FY 2009						September 25, 2006			
				First Named Inventor		Haruhisa OGITA			
				Examiner Name		M. L. Berch			
Applicant claims small entity status. See 37 CFR 1.27				Art Unit 1624					
TOTAL AMOUNT OF PAYMENT		(\$) 1,650.00		Attorney Docket No.		0020-5517PUS1			
METHOD O	F PAYMENT (check	all that anniv)							
Check	Credit Card	Money Order	No	ne Other	please identi	fy):			
x Deposit A	ccount Deposit Account t	Number: 02	-2448	Deposit	Account Nam	o: Birch, Stewa	art, Kolasch &	Birch, LLP	
For the	above-Identified depo	sit account, the D	Olrector is	hereby authorize	ed to: (che	ck all that apply	y)		
x c	charge fee(s) Indicated	i below		Charg	e fee(s) in	dicated below,	except for t	he fillng fee	
× c	harge any additional fee(s) under 37 CFR 1,	ee(s) or underpay	ments o	f x Credit	any overp	ayments			
FEE CALCU	LATION								
1. BASIC FILIN	IG, SEARCH, AND EX	XAMINATION FE	ES						
	FIL	LING FEES Small Entity	SE	ARCH FEES Small Entity	EXAMI	VATION FEE Small Entity			
Application T	ype Fee (\$	Fee (\$)	Fee (\$		Fee (\$)	Fee (\$)		Paid (\$)	
Utility	330	165	540	270	220	110			
Design	220	110	100	50	140	70 、			
Plant	220	110	330	165	170	85			
Reissue	330	165	540	270	650	325			
Provisional	220	110	0	0	0	0			
2. EXCESS CLAIM FEES								Small Entity	
Fee Description Each claim over 20 (including Reissues)						Fee (\$) 52	Fee (\$)		
Each independent claim over 3 (including Reissues)							220	26 110	
Multiple dependent claims						390	195		
Total Claims	e Paid (\$)	M	luitipie Depen						
13 - 25 or HP x =				Fee (\$)			Fee Paid (\$)		
	ber of total claims paid for,	if greater than 20.						_	
indep. Claims Extra Claims Fee (\$) Fee Paid (\$)									
3 - 3 or HP = X = HP = Highest number of Independent claims paid for, if greater than 3.									
3. APPLICATIO		poto ter, a greator and							
If the specification	ation and drawings ex ler 37 CFR 1.52(e)), the action thereof. See 35	he application siz	e fee do	e is \$270 (\$135 f	onically fil or small e	led sequence o ntity) for each	r computer additional 50)	
Total Sheet		Number	of each a	dditional 50 or frac			Fee I	Paid (\$)	
4. OTHER FEE		_ /50 4		(lound up to a who	ie number)	× ——	Fane	Paid (\$)	
Non-English	Specification, \$130	fee (no small en	tity disco	ount)			1003	r ara (ψ)	
								0.00 10.00	
SUBMITTED BY									
Signature				Registration No. 36,623 To (Altomoy/Agent)			Telephone (858) 792-8855		
Name (Print/Type)	Mark J. Nuell, Ph.I	D.				Date	September	13, 2010	